ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B	xxx	11-10-00
O.I.P.E. CLASSIFIER			7-18-00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	CJ	46605	6-14-00 9-6-00

INDEX OF CLAIMS

✔	....	Rejected
=	....	Allowed
—	(Through numeral)...	Canceled
÷	....	Restricted

N	....	Non-elected
I	....	Interference
A	....	Appeal
O	....	Objected

Claim		Date	Claim	Date	Claim	Date
Final	Original					
	1	✔ ✔	51		101	
	2	✔ ✔	52		102	
	3	✔ ✔	53		103	
	4	✔	54		104	
	5	✔ ✔	55		105	
	6	✔ ✔	56		106	
	7	✔ ✔	57		107	
	8	✔ ✔	58		108	
	9	✔ ✔	59		109	
	10	✔ ✔	60		110	
	11	✔ ✔	61		111	
	12	✔ ✔	62		112	
	13	✔ ✔	63		113	
	14	✔ ✔	64		114	
	15	✔ ✔	65		115	
	16	✔ ✔	66		116	
	17	✔ ✔	67		117	
	18	✔ ✔	68		118	
	19	✔ ✔	69		119	
	20	✔ ✔	70		120	
	21	✔ ✔	71		121	
	22	✔ ✔	72		122	
	23	✔ ✔	73		123	
	24	✔ ✔	74		124	
	25	✔ ✔	75		125	
	26	✔ ✔	76		126	
	27	✔ ✔	77		127	
	28	✔ ✔	78		128	
	29	✔ ✔	79		129	
	30		80		130	
	31		81		131	
	32		82		132	
	33		83		133	
	34		84		134	
	35		85		135	
	36		86		136	
	37		87		137	
	38		88		138	
	39		89		139	
	40		90		140	
	41		91		141	
	42		92		142	
	43		93		143	
	44		94		144	
	45		95		145	
	46		96		146	
	47		97		147	
	48		98		148	
	49		99		149	
	50		100		150	

If more than 150 claims or 10 actions
staple additional sheet here

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